

**DECLARATION/POWER OF ATTORNEY  
FOR  
UTILITY OR DESIGN PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16(e))  
required

**Attorney Docket Number**

17945

**First Named Inventor**

Pedro Lamartine de Faria  
et al.

**COMPLETE IF KNOWN**

**Application Number**

**Filing Date**

**Herewith**

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS, METHODS AND ARTICLES OF MANUFACTURE  
FOR AN ADJUSTABLE PIN HEADER ASSEMBLY**

the specification of which

is attached hereto

OR

was filed on \_\_\_\_\_ as United States Application Number \_\_\_\_\_ or PCT International Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Priority Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/413,377	09/25/02	<input type="checkbox"/>

## DECLARATION – Utility or Design Patent Application

Direct all correspondence to:  Customer Number or  Correspondence address below

Name	Joseph A. Tessari, Esquire		
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Address	4550 New Linden Hill Road—Suite 140		
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### POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Joseph A. Tessari	Registration No. 32177
Driscoll A. Nina, Jr.	Registration No. 34685
Robert J. Kapalka	Registration No. 34198
Michael J. Aronoff	Registration No. 37770
Salvatore Anastasi	Registration No. 39090
T. Daniel Christenbury	Registration No. 31750
Paul A. Taufer	Registration No. 35703
Frank A. Cona	Registration No. 38412
Darius C. Gambino	Registration No. 41472
James E. Bauersmith	Registration No. 50533

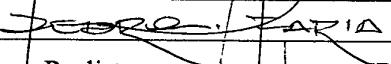
I hereby appoint the practitioner(s) associated with Customer Number 035811 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

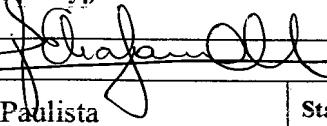
Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Pedro Lamartine	Family Name or Surname De Faria		
Inventor's Signature 	Date 03/JUL/2003		
Residence/City: Bragança Paulista	State SP	Country Brazil	Citizenship Brazil
Mailing Address: Rua São Roque			
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<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Elias Gomes		Family Name or Surname De Oliveira	
Inventor's Signature 		Date 03 JUL 03	
Residence/City: Bragança Paulista	State SP	Country Brazil	Citizenship Brazil
Mailing Address: Rua Mauro de Próspero, 500-Bloco 58			
Mailing Address: Apto. 42 – Altos de Bragança			
City: Bragança Paulista	State SP	Zip 12900-000	Country Brazil
<b>NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence/City:	State	Country	Citizenship
Mailing Address:			
Mailing Address:			
City:	State	Zip	Country
<b>NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence/City:	State	Country	Citizenship
Mailing Address:			
Mailing Address:			
City	State	Zip	Country
<b>NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence/City:	State	Country	Citizenship
Mailing Address:			
Mailing Address:			
City	State	Zip	Country

[ ] Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.